U.S. Depa	Case 3:08-cv- artment of .	00896-JLS-RB Justice	B <u>Docu</u>			PPANBARETI		
United Sta	ates Marsha	ls Service		or the were	of this for	ice of Process by the	U.S. Marshal"	
PLAINTIFF				WW 70		COURT CASE NUMBE	2	
STEPHEN ESCONDON MEDINA				JUL 18 2008	18 2008 08cv0896 JLS (RBB)			
DEFENDANT CORRECTIONAL OFFICER CASTON				RK, U.S. DISTRICT (COURT	TYPE OF PROCESS		
SERVE (NAME OF IND	IVIDUAL, COMPANY,	CORPORATION	, EIC., TO SERVE O	DEPUTY	42 U.S.C. 1	SEIZE OR CONDEMN	
SERVE .	CORRECTIONAL OFFICER CASTONE; CALIPATRIA STATE PRISON							
AT		EET OF RFD, Apartment			ATRIA,	CALIFORNIA	92233	
SEND NOTICE	OF SERVICE COP	Y TO REQUESTER AT	NAME AND A	ADDRESS BELOW:	_ Number	of process to be		
STEPHEN ESCONDON ME				DINA		ith this Form - 285	1	
CDC# E-63667 CALIPATRIA STATE PR						of parties to be		
P.O. BOX 5002				02222			2	
CALIPATRIA, CALIFORNIA 92233						Check for service on U.S.A.		
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING STELEPHONE Numbers, and Estimated Times Available For Service):					SERVICE	ERVICE (Include Business and Alternate Addresses, All		
DEPA STAT ALVA "SEA	RTMENT OF E PRISON. RADO HOSP RCH AND E	CORRECTIONS ON JULY 18 ITAL MEDICA	S, WHO I , 2007, L CENTER ULY 18,	S CURRENTL THIS OFFICE THIS DEFI 2007. THE	Y ASSI ER TRA ENDANT TELEPH	HE CALIFORNI GNED TO CALI NSPORTED PLA HELD THE PO ONE NUMBER F	PATRIA INTIFF TO SITTON OF	
Signature of Attorney or other Originator requesting service on behalf of Shephen Medena				LX PLAINTIFF		ONE NUMBER	DATE	
				☐ DEFENDAN			6-15-08	
			- T			WRITE BELOV	V THIS LINE	
I acknowledge rec number of process (Sign only first I than one USM 28.	indicated. USM 285 if more	Total Process District of Origin	District to Serve	Signature of Autho	orized USMS	Departy or Clerk	Date (80)	
I hereby certify an on the individual,	d return that I have company, corporation	re personally served, \Box In, etc., at the address sh	nave legal eviden own above or on	ice of service, have ε the individual, compar	executed as sl ny, corporation	nown in "Remarks", the print, etc., shown at the address.	rocess described ess inserted below.	
☐ I hereby certi	fy and return that I	am unable to locate th	ne individual, co	ompany, corporation, e	tc., named a	above (See remarks below	v)	
Name and title of individual served (if not shown above)						A person of su cretion then res usual place of	nitable age and dis- iding in the defendant's	
Address (complete only if different than shown above)						· · · · · · · · · · · · · · · · · · ·	ime am	
							pm	
						Signature of U.S. M	Marshal or Deputy	
Service Fee	Total Mileage Cha (including endeave		Total Charges	Advance Deposits	Amount ow	ed to U.S. Marshal or	Amount of Refund	
REMARKS (Q)	118108-1170	ill SC	<u> </u>					
117/08-1	Rece Wa	IVER Of SI	AUCL	9-A-Re	turn	edunoxec	uted.	
lit con	dinatur	alt novor	wanl	molourd a	et Ma	lipotría		
PRIOR EDITION MAY BE USED		V 1. CL	ERK OF	THE COURT	Γ	FORM US	SM-285 (Rev. 12/15/80)	